TRAUMA DATABASE:

- **ACTIVE YEARS**
  1992 to current

- **MOST RECENT COMPLETE YEAR:**
  200**5**

- **ANNUAL VOLUME:**
  Approximately 18,000 in 2005

- **DESIGN:**
  The trauma registry contains approximately 200 data fields, some of which are not mandatory. Many of the data fields are designed to accept multiple entries. The data fields, their definitions, and their entry requirements (format and rules) are <u>determined by the EMS Agency with recommendations from the Trauma Program Managers Committee and the Trauma Hospital Advisory Committee, and are delineated in the Trauma Patient Summary (TPS) Form Data Dictionary.</u> All data field issues are regularly reviewed and modified when necessary to meet system needs.

- **DATA COLLECTION:**
  o **Data Sources:**
     Each of the 13 Trauma Hospitals enters into TEMIS the data extracted from patient charts and, if applicable, EMS Forms.
  o **Data Collection Tool:**
     Extracted data may be initially documented on the appropriate TPS Form, or directly entered into TEMIS from the data sources.
  o **Data Import:**
     Data files are imported each week-night into the central database at the EMS Agency, and are available the next day for system reporting.
  o **Data Entry Requirements:**
     - Entry into all fields, including those that are not mandatory, must follow the format and rules for those fields.
     - Initial patient information included on TPS Page 1 (Prehospital and Emergency Department (ED) phases of care) must be entered within 15 days of admission or ED visit; the remainder of TPS 1 data must be entered within 30 days of hospital admission or ED visit. Information from TPS 2 (hospital phase of care, outcome data, payer source, etc.) must be entered within 60 days of hospital/ED discharge.

- **PATIENT INCLUSION CRITERIA (any one or more of the following):**
  o Trauma Patients who meet the County's trauma criteria
  o Trauma patients transported by EMS providers to the Trauma Hospital because they are a Trauma Hospital;
  o Trauma patients who require immediate ED assessment and treatment by the trauma team;
  o Trauma patients who go directly to the ICU from the ED;
  o Trauma patients who go to the OR at any time for abdominal, thoracic, vascular, or cranial surgery
  o Patients who die of a trauma-related problem